

Draft for Discussion

Exemption Application
Development at a Historic Fill Site or Licensed Landfill
Form 4400-2XX (4/01) Page 1 of 7

State of Wisconsin
Department of Natural Resources

☐ **Expedited Exemption**
Sites with no environmental impacts

☐ **Case-by-Case Evaluation**
Sites with environmental impacts and wastes of special concern. Additional information may be required.

All comments should be referenced by section number in the Comments Section, page 5.

I. Site Name – Mandatory for all applications.		
Site Name	County	Region
Location	Is the site known by another name(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
<input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of _____ State _____ WI	If yes, provide name:	

II. Legal Description of the Site – Mandatory for all applications.					
Attach a map with site location and limits of fill/waste disposal area.					
A. Has site been geolocated?			B. Locational Information: Other Sources		
<input type="checkbox"/> Yes <input type="checkbox"/> No			Latitude*		Longitude*
Date	¼ / ¼	¼	Section	Township N	Range

III. Site Background Information Mandatory for all applications.			IV. Waste Disposal Site's Regulatory ID Numbers Mandatory for all applications.		
Responsible Municipal/Private Operator Name			DNR FID No. (9 digits)		
Street or Route	Telephone Number		<input type="checkbox"/> TEMP	Solid Waste License ID No. (4 digits)	
City	State	ZIP Code	Hazardous Waste Facility License ID No. (5 digits)		
Present Property Owner Name			USEPA ID No. (used for both RCRA and CERCLIS #s) (WI+Alpha+9 digits)		
Street or Route	Telephone Number		BRRTS ID No. (2 digit program-2 digit county-6 digit site specific)		
City	State	ZIP Code	BRRTS Activity Name		
Previous Owner Name			<input type="checkbox"/> LUST <input type="checkbox"/> Spill <input type="checkbox"/> Superfund <input type="checkbox"/> ERP <input type="checkbox"/> VPLE		
Street or Route	Telephone Number		SHWIMS Site ID No.		
City	State	ZIP Code	Other		

V. Type of Site: Current and Historic (Check all that apply) – Mandatory for all applications.					
A. <input type="checkbox"/> Landfill	<input type="checkbox"/> Non-approved (See s.289.01(3), Wis Stats.	<input type="checkbox"/> < 50,000 yd ³	<input type="checkbox"/> 5 – 10 million yd ³		
<input type="checkbox"/> Approved	<input type="checkbox"/> Unlicensed	<input type="checkbox"/> 50,000-500,000 yd ³	<input type="checkbox"/> 10 – 20 million yd ³		
<input type="checkbox"/> Licensed	<input type="checkbox"/> Unlined	<input type="checkbox"/> > 500,000 yd ³	<input type="checkbox"/> Construction/Demolition		
<input type="checkbox"/> Lined	<input type="checkbox"/> Unengineered	<input type="checkbox"/> 500,000 -1 million yd ³	<input type="checkbox"/> Clay liner		
<input type="checkbox"/> Composite liner	<input type="checkbox"/> One-time disposal	<input type="checkbox"/> 1- 5 million yd ³	<input type="checkbox"/> Other liner		

V. Type of Site: Current and Historic (Check all that apply), *continue* – Mandatory for all applications.Does the landfill have a closure plan? ☐ Yes ☐ No ☐ UnknownDoes the landfill have a groundwater monitoring plan? ☐ Yes ☐ No ☐ UnknownHave groundwater monitoring wells been installed? ☐ Yes ☐ No ☐ UnknownWas a cover installed? ☐ Yes ☐ No☐ Composite cap☐ Layered soil cap with clay barrier☐ Clay cap☐ Soil cap – not recompacted clay☐ Other cover☐ UnknownWhat is the thickness of the cover? ☐ <6 in ☐ 6 – 12 in ☐ 12 – 24 in ☐ >24 in ☐ Unknown☐ Agricultural co-op☐ Electroplater☐ Salvage yard☐ Brush pile☐ Lagoon☐ Service Station☐ Bulk plant☐ Manufacturing Type: _____☐ Tannery☐ Coal gas manufacturer☐ Old burn pit☐ Unknown☐ Deer pit☐ Pipeline☐ Other _____☐ Dry cleaner☐ RCRA generator

Date(s) of Site Operation

Number of years

☐ Unknown**VI. Waste Information & Geologic Environment****See Fact Sheet B - Guidance for Investigation of Historic Fill Sites and Licensed Landfills for Redevelopment**

A. Known or Suspected Sources/Wastes. Check all that apply.

☐ Abandoned containers☐ Foundry sand☐ Transformer☐ Demolition/construction waste☐ Above ground pipeline or tank☐ Industrial accident☐ Trees/brush☐ Surface impoundment/lagoons☐ Animal carcasses☐ Known or suspected hazardous materials☐ Underground pipeline or tank☐ Buried drums☐ Municipal Waste☐ Surface spills☐ Exempted fill (NR 500.08(1) and (2))☐ Burning of materials☐ Paper mill sludge☐ Fly Ash☐ Other☐ Unknown

B. Physical Characteristics of Sources/Wastes

☐ Liquid☐ Solid☐ Liquid & Solid☐ Unknown

C. Waste Containment

☐ Liner☐ Unknown☐ Not applicable☐ Engineered cover☐ Functioning leachate collection & removal system☐ Maintained☐ Not Maintained☐ Functioning & maintained runoff management system☐ Functioning groundwater monitoring system

VII. Waste Information & Geologic Environment, continued
See Fact Sheet B - Guidance for Investigation of Historic Fill Sites and Licensed Landfills for Redevelopment

D. Soil Type: Estimate distances or determinations based on regional or site specific information.

☐ Regional ☐ Site specific

Clay, silt or other fine grained soils present? (lacustrine, tills, etc.) ☐ Yes ☐ No

At surface? ☐ Yes ☐ No At depth? ☐ Yes ☐ No _____ feet

Sand & gravel, coarse grained soils present? ☐ Yes ☐ No

At surface? ☐ Yes ☐ No At depth? ☐ Yes ☐ No _____ feet

E. Depth to Groundwater: ☐ Regional ☐ Site specific _____ feet

F. Direction of Groundwater Flow: ☐ Regional ☐ Site specific _____ feet

G. Depth to Bedrock: ☐ Regional ☐ Site specific _____ feet

H. Bedrock Type: ☐ Regional ☐ Site specific _____ feet

VII. Receptor Information

A. Documentation of Site Visit

A site visit must be conducted to complete the site screening. The intent of the visit is to determine general site conditions/on-site activities and adjacent land use encroachment issues.

On-site inspection conducted? ☐ Yes ☐ No

General site conditions: Document any observed releases and note whether you were able to walk the site. Some examples of things to be aware of include leachate seeps, or evidence of seeps such as stained soil/vegetation; stressed vegetation as a sign of gas migration to the surface, or of leachate seeps; quality and coverage of vegetation on the cap; odors which may indicate gas migration to the atmosphere; erosion of the cap; maintenance of positive drainage over the capped area; visual desiccation cracks in the cap. **Indicate comments on the comment page.**

Please attach the following to the end of the submittal: ☐ Photographs, regular or digital (required) ☐ Site sketch (optional)

Name(s) of Person(s) Conducting Site Visit

Date of Site Visit

B. Adjacent Land Uses. Indicate all directions. Check all that apply

☐ Agricultural ☐ N ☐ S ☐ E ☐ W ☐ NE ☐ NW ☐ SE ☐ SW

☐ Industrial ☐ N ☐ S ☐ E ☐ W ☐ NE ☐ NW ☐ SE ☐ SW

☐ Recreational ☐ N ☐ S ☐ E ☐ W ☐ NE ☐ NW ☐ SE ☐ SW

☐ Residential ☐ N ☐ S ☐ E ☐ W ☐ NE ☐ NW ☐ SE ☐ SW

☐ Undeveloped ☐ N ☐ S ☐ E ☐ W ☐ NE ☐ NW ☐ SE ☐ SW

☐ Commercial ☐ N ☐ S ☐ E ☐ W ☐ NE ☐ NW ☐ SE ☐ SW

☐ Other _____ ☐ N ☐ S ☐ E ☐ W ☐ NE ☐ NW ☐ SE ☐ SW

VII. Receptor Information, *continued*

C. Potential Groundwater Receptors. Estimate distances. (1 mile = 5,280 ft)

Distance to and direction of nearest municipal well: _____ feet ☐ > ½ mile from the waste _____ directionDistance to and direction of nearest other-than-municipal well: _____ feet ☐ > ½ mile from the waste _____ directionDistance to and direction of nearest non-community well: _____ feet ☐ > ½ mile from the waste _____ directionDistance to and direction of nearest private well: _____ feet ☐ > ½ mile from the waste _____ directionDistance to and direction of nearest residence: _____ feet ☐ > ½ mile from the waste _____ direction

_____ No. of homes within 300 feet of waste (gas migration potential)

_____ No. of homes between 300 and 1000 feet to waste (gas migration potential)

Distance to and direction of nearest building: _____ feet ☐ > ½ mile from the waste _____ directionType of building: ☐ On-site building ☐ Municipal ☐ Residential ☐ Commercial ☐ Industrial ☐ Unknown

Indicate any other information on the comment sheet.

D. Potential Surface Water Receptors. Estimate distances.

☐ Creek: _____ feet ☐ Drainage ditch: _____ feet ☐ Intermittent stream: _____ feet☐ River: _____ feet ☐ Lake: _____ feet ☐ Wetland: _____ feet

A. Based on the site visit, did you visually observe...

1. a release to a surface water body? ☐ Yes ☐ No ☐ Unknown2. a leachate seep? ☐ Yes ☐ No ☐ Unknown3. a release to soils? ☐ Yes ☐ No ☐ UnknownF. Any odors of concern? ☐ Yes ☐ No ☐ Unknown**VIII. Screening Information**

A. Is there analytical data for the media of concern?

1. Groundwater: ☐ Yes ☐ No ☐ N/A2. Soil: ☐ Yes ☐ No ☐ N/A3. Surface water/sediment: ☐ Yes ☐ No ☐ N/A4. Air: ☐ Yes ☐ No ☐ N/A5. Methane or other explosive gases ☐ Yes ☐ No ☐ N/A

If yes, go to B.

If no, go to C.

B. Based on analytical data from A, is there a documented release to the environment?

☐ Yes: ☐ Groundwater ☐ Soil ☐ Surface water/sediment ☐ Air ☐ Methane or other explosive gases☐ No

VIII. Screening Information, *continued*

C. Based on answers to question VII E and F, did you observe a release to surface water, leachate seep, soil or air?

☐ Yes – go to F.

☐ No – go to D.

D. Based on known or suspected sources/wastes, their physical characteristics, containment and geologic environment, do you suspect there has been a release to the environment?

☐ Yes: ☐ Groundwater ☐ Soil ☐ Surface water/sediment ☐ Air

☐ No

E. If there is NOT a likelihood of a release or visually observed release of concern, could the development cause a release to the environment?

☐ Yes If yes, be sure to summarize actions to be taken to prevent adverse environmental impacts in IX. Part C below.

☐ No

F. Based on proximity to receptors, environmental data or observations, and other relevant factors, is there a need for immediate action? (Is there a known or high potential for an imminent threat to human health?)

☐ Yes: Should state/local health departments be contacted? ☐ Yes ☐ No

☐ No

G. Based on known or suspected sources/wastes, their physical characteristics, containment and geologic environment, is initial or further sampling recommended?

☐ Yes ☐ Initial ☐ Groundwater ☐ Soil ☐ Surface water ☐ Air (landfill gas)

☐ Further ☐ Groundwater ☐ Soil ☐ Surface water ☐ Air (landfill gas)

☐ No

☐ Continue current monitoring schedule as per Waste Management Program

IX. Summary of Proposed Development – Mandatory for all applications.

A. To document your decision, briefly summarize the proposed development and explain the rationale for the overall site decision.

B. If you believe additional work is needed or not needed (addressing leachate problems, exposed waste, inadequate cover, etc.) please indicate on comment page.

C. Summarize actions to be taken and engineering controls that will prevent or minimize adverse environmental impacts and potential threats to human health and welfare, including worker safety.

X. Comments

Note to Reviewers:

The materials that are submitted will vary depending on:

- the complexity of the site
- whether the site is eligible for an expedited approval or an individual complete technical review
- which program has the lead for the site

Certification by an Environmental Professional

I certify that I am a professional engineer or professional geologist registered to practice in the State of Wisconsin and that I am qualified to evaluate the potential for soil and groundwater contamination and the migration of explosive or toxic gases from the disposal of solid waste.

I have evaluated the proposal described in this document for development on a property where solid waste has been disposed and in my professional opinion there has been no release of hazardous substances from the disposed waste which is currently causing an exceedance of any applicable soil or groundwater contamination standard and the development of the property as described in this document is not likely to result in an exceedance of any applicable soil or groundwater standard due to the development, nor is there a reasonable likelihood that the development will cause an unreasonable safety or health risk due to the migration and concentration of explosive or toxic gases.

My professional opinion as stated in this certification is given to a reasonable degree of professional certainty, and is based upon reasonable and adequate information and evaluation.

(Signature)

(Date)

(WI Registration Number)

Certification by the owner or developer of the site

I certify that I have read the DNR publication *Fact Sheet C - Considerations for Development at Historic Fill Sites and Licensed Landfills* and understand the potential health and safety risks if the development of the property is not compatible with the waste disposed at the site.

I also understand that future decisions regarding the use of the property must consider whether those changes will create an adverse environmental impact and that activities causing a significant threat to public health, safety, or welfare are prohibited under s. 289.46(2), Stats. I will transfer this exemption application/certification and any exemption related to this document that is issued by the Department to any future purchaser of this property.

Owner/developer signature

Date